

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/171583

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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49			/			
50			/			
TOTAL IND.	2		2			
TOTAL DEP.	3/6		37			
TOTAL CLAIMS	38		39			

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TOTAL CLAIMS						